## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼  C C00488338
Check If 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Strategic Impact  Mailing Address 1890 Star Shoot Parkway	Date 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
#17-250	Amount
City State Zip Code Lexington KY 40509	40722.83 Transaction ID : 11056451
Direct Mail - FL-06 Primary 003	ce Sought: House State: FL Senate District: 06 President
Name of Federal Candidate Supported or Opposed by Expenditure:  Mr. Fredrick Costello  Che	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 51722.83	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type  Office	ce Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	40722.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	40722.83
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	